Wolper Jewish Hospital MoveWell Community Exercise Program
Enrolment & Medical Clearance Form

The following page is to be completed by the client.

Client Details

Name: _____

Address: _____ Postcode: _____

Home telephone number: _____ Mobile: _____

Email address: _____

Date of birth: _____ Age: _____

Emergency Contact Details

Name: _____ Relationship: _____

Telephone number: _____ Mobile: _____

MoveWell Classes

I wish to enroll in the following MoveWell exercise classes:

- ☐ MoveStrong
- ☐ MoveSteady
- ☐ MoveBig
- ☐ BackInMotion
- ☐ Tai Chi
- ☐ AquaMove / AquaCore

Please state your swimming abilities:

☐ Unable ☐ Competent

Do you have a fear of water?

☐ Yes ☐ No

I (name) _____ wish to enroll in the MoveWell exercise program.

I am willing to take responsibility for myself during any classes I attend. I will inform the instructor should there be any change in my health or medication that could preclude me taking part in the classes.

Signed: _____ Date: _____